



ANGELS CAMP POLICE DEPARTMENT
 200 MONTE VERDA ST • PO BOX 459
 ANGELS CAMP, CA 95222
 (209) 736-2567 • FAX (209) 736-0517

Case Number: _____

Officer: _____

PROPERTY RELEASE REQUEST

Date: _____

Name: _____ DOB: _____

Request is being made by: (check one) Victim Suspect Other (specify)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____ Email address: _____

Property Owner's Name (if different): _____

Fully Describe the item(s) you are requesting. One item per line. Use the back of this paper if necessary.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

When was the property taken? _____

Was anyone arrested? Yes No

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge and I am party of proper interest of the property identified on this request.

Signature

Date

**DO NOT WRITE BELOW THIS LINE
 POLICE DEPARTMENT USE ONLY**

- DISPOSE: _____
- Destroy
 - Divert to Official Use
 - Release to _____
 - Other _____

- RETAIN: _____
- Warrant Issued
 - Court Appeal
 - Case Pending
 - Other _____

Date

Approved By

Badge #

Notified By: _____ Date: _____